Kentucky Board of Medical Licensure Newsletter

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Spring 2016 **Michael S. Rodman, Executive Director** **Preston P. Nunnelley, M.D., President**

Kentucky Department for Public Health
Zika Readiness: FIGHT THE BITE, DAY AND NIGHT

With warm weather will come mosquitoes and the enhanced risk for Zika virus to be spread within the U.S. and Kentucky. The spread of Zika virus to humans is a public health emergency that primarily affects pregnant women and their newborn children. Zika virus disease (Zika) is linked to serious birth defects (such as microcephaly) and other adverse outcomes in pregnancy.

Zika is a disease caused by Zika virus that is spread to people primarily through the bite of an infected Aedes species mosquito. The most common symptoms of Zika are fever, maculopapular rash, joint pain, and conjunctivitis. Other commonly reported symptoms include myalgia and headache. The illness is usually mild with symptoms lasting for several days to a week after being bitten by an infected mosquito. About 80% of those infected may be asymptomatic. Once a person has been infected, he or she is likely to be protected from future Zika infections. Severe disease requiring hospitalization is uncommon and case fatality is low. However, there have been cases of Guillain-Barre syndrome and other severe neurologic manifestations reported in patients with Zika.

Based on the typical clinical features, the differential diagnosis for Zika virus infection is broad and includes other infections such as chikungunya, dengue, malaria, leptospirosis, rickettsial infections and parvovirus infection. Preliminary diagnosis is based on the patients' clinical features and places and dates of travel to an area with active Zika virus transmission. Laboratory diagnosis is accomplished by testing serum or plasma to detect virus, viral nucleic acid, or virus-specific immunoglobulin M (IgM) and neutralizing antibodies. When considering testing, please contact the Kentucky Department for Public Health or your local health department. All testing is currently being done by the CDC. Due to the detrimental effects on a developing fetus, a priority is placed on testing pregnant women with history of possible exposure to Zika. Therefore, approval from KY must be obtained prior to submitting specimens to CDC. CDC has recently opened up testing to include symptomatic travelers with possible exposure to Zika and women who conceived within 8 weeks of travel to Zika-affected area. The state public health laboratory is planning to perform the Zika IgM Antibody Capture Enzyme-Linked Immunosorbent Assay (Zika MAC-ELISA) and Trioplex Real-Time RT-PCR Assay in the future.

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Board Orders can be viewed under the Physician Profile/ Verification of License link on the Board's website at www.kbml.ky.gov

Board Action Report (actions taken since 01/01/16)

Ezekiel O. Akande, M.D., Somerset, KY, License # 42041
Amended Agreed Order entered into 03/07/16.

Mary Gallagher Brown (Formerly Brenyo), PA-C, Lawrenceburg, KY, License # PA642
Order Terminating Amended Agreed Order issued 01/25/16.

Ignacio Cardenas, M.D., Parkersburg, WV, License # 26581
Agreed Order entered into 03/09/16.

Brandon W. Chan, M.D., McMurray, PA, License # 42418
Order of Indefinite Restriction issued 01/26/16, effective 01/26/16.

Anthony V. Dallas, M.D., Hendersonville, TN, License # 21888
Order Terminating Agreed Order issued 01/25/16.

David A. Dao, M.D., Elizabethtown, KY, License # 22439
Amended Agreed Order entered into 03/02/16.

Kamlesh C. Dave, M.D., LaGrange, KY, License # 34317
Order Terminating Agreed Order issued 01/26/16.

Bret A. Dunning, D.O., Prestonsburg, KY, License # 03077
Agreed Order of Surrender entered into 02/18/16.

Curtis D. Edens, D.O., Louisa, KY, License # 02610
Amended Agreed Order entered into 02/05/16.

Wayne R. Edwards, M.D., Prestonsburg, KY, License # 34226
Agreed Order entered into 02/10/16.

Wayne R. Edwards, M.D., Prestonsburg, KY, License # 34226
Amended Agreed Order entered into 02/25/16.

Louis G. Forte, M.D., Benton, KY, License # 24262
Order Terminating Agreed Order issued 01/26/16.

Robin Freeman, M.D., Cynthiana, KY, License # 46608
Agreed Order entered into 02/18/16.

Werner Grentz, D.O., London, KY, License # 02269
Agreed Order of Probation entered into 03/16/16.

Marjorie M. Haas, M.D., Hyden, KY, License # 49078
Agreed Order entered into 03/31/16.

James H. Heaphy, M.D., Lexington, KY, License # 26270
Agreed Order entered into 02/18/16.

James T. Lutz, M.D., Cincinnati, OH, License # 28577
Agreed Order entered into 03/11/16.

Howard D. Markowitz, M.D., Lexington, KY, License # 33813
Amended Agreed Order entered into 01/04/16.

Varun Mitroo, M.D., Santa Monica, CA, License # 48850
Agreed Order of Fine entered into 01/04/16.

Sidi Y. Noor, M.D., Lakeland, TN, License # 36646
Agreed Order of Surrender entered into 03/17/16.

William E. Pearson, M.D., Owensboro, KY, License # 12854
Agreed Order of Retirement entered into 01/21/16.

Andrew W. Porter, M.D., Benton, KY, License # 20835
Order Terminating Second Amended Agreed Order of Indefinite Restriction issued 01/26/16.

David M. Ratliff, M.D., Lexington, KY, License # 31592
Second Amended Agreed Order entered into 01/08/16.

Mohammad Salim Ratnani, M.D., Charleston, WV, License # 49070
Agreed Order entered into 03/28/16.

Amardeep Reddy, D.O., Emmalena, KY, License #03396
Agreed Order entered into 01/21/16.

Victoria Siddens-Draper, M.D., Ococee, FL, License # 39157
Order Terminating Agreed Order issued 01/26/16.

David E. Smith, M.D., Paducah, KY, License # 36603
Order Terminating Agreed Order issued 02/24/16.

Restrictions have also been placed on the following physician's license pending resolution of charges brought against him.

Phillip A. Aaron, M.D., Columbia, KY, License # 22256
Complaint and Emergency Order of Suspension issued 02/11/16, effective 02/12/16.

Kentucky Department for Public Health Zika Readiness: FIGHT THE BITE, DAY AND NIGHT
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No specific antiviral treatment is available and treatment is generally supportive. Because of similar geographic distribution and symptoms, patients with suspected Zika virus infections should be evaluated for possible dengue and chikungunya virus infection. No vaccine is currently available to prevent Zika virus disease.
In advising your patients, please consider the following:

1. Preventing mosquito bites is a necessity.
   - **a.** Mosquito repellent that is EPA approved is recommended.
   - **b.** Products with concentrations of up to 30% DEET are generally recommended. When used as directed these are safe and effective, even for pregnant and breast-feeding women.
   - **c.** In protecting children, ensure that the repellent is age-appropriate. DEET is not recommended for children younger than 2 months. According to the CDC, mosquito repellents containing oil of lemon eucalyptus should not be used on children under the age of 3 years.
   - **d.** Appropriate clothing (light colored, long pants, long sleeves) is warranted in addition to permethrin impregnated clothing and coverings to stop mosquito bites.
2. Mosquito mitigation and vector control in backyards and neighborhoods is necessary to prevent Zika virus from being spread locally. Removing standing water (breeding sites for the mosquito) from such items as containers, down spouts and bird baths is essential. Please see the CDC recommendations for Zika Vector Control in the US, http://cdc.gov/zika/public-health-partners/vector-control-us.html.
3. Counseling travelers who are going to endemic areas prior to travel is another important aspect of what clinicians must do. Specific areas with ongoing Zika virus transmission are increasing and likely to change over time. Please refer to the CDC Traveler's Health site (http://wwwnc.cdc.gov/travel/page/zika-travel-information) for the most updated travel information. Recommendations for proper repellent use and appropriate clothing should be followed. In order to prevent infection getting into local mosquitoes, all travelers should use mosquito repellent during travel and for three weeks after travel.
4. Zika virus can be sexually transmitted by a male infected with the virus to his partners. Zika can be present in semen longer than blood. Zika virus can be spread from the male when infected before his symptoms start, while he has symptoms, and after symptoms resolve. Recommendations from CDC to reduce sexual transmission include:
   - **a.** Couples in which the woman is pregnant and the man has traveled to or lives in an area with Zika should use condoms correctly and consistently with every sexual encounter, or should not have sex throughout the duration of pregnancy.
   - **b.** Couples in which a man has or had confirmed Zika virus infection or illness consistent with Zika infection should use condoms correctly and consistently with every sexual encounter or should not have sex for at least 6 months after onset of symptoms. This includes men who live in, and men who traveled to, areas with Zika.
   - **c.** Couples in which a man traveled to an area with ongoing Zika virus transmission but did not have symptoms of Zika virus infection should use condoms correctly and consistently with every sexual encounter or should not have sex for at least 8 weeks after leaving a Zika-affected area.
   - **d.** It is not known if infected women can spread Zika virus to their sex partners.
5. Women of child-bearing age or those who are pregnant should be educated as to their risks in the event of travel to endemic areas. CDC has published updated clinical guidance based on the latest available research which can be found at: http://www.cdc.gov/zika/hc-providers/index.html. Pregnant women or women wishing to conceive in the near future should postpone travel to any area with active Zika transmission.

If fellow Kentuckians will take measures to avoid being bitten by mosquitoes (during and after travel) and take measures to avoid sexual transmission of Zika, the spread of Zika virus into our local mosquito populations may be limited or avoided. Thank you for all you do to ensure your patients and your communities remain safe. Thank you for helping us FIGHT THE BITE.

Kentucky General Assembly Passes Legislation Involving Physician Assistants

During the 2016 Legislative Session of the Kentucky General Assembly, lawmakers passed two specific pieces of legislation involving physician assistants. The first, **SB 114**, sponsored by Sen. Paul Hornback, amends **KRS 213.076** to add advanced practice registered nurses and physician assistants to the list of health care practitioners who may certify information contained in a death certificate.

The second, **SB 154**, sponsored by Sen. Tom Buford, amends **KRS 311.856** to allow the supervising physician, practice, or institution to determine a physician assistant's countersignature requirement. It deleted the requirement that a supervising physician shall review and countersign at least ten percent (10%) of these overall medical notes every thirty (30) days and the language noting a countersignature shall be required prior to orders being executed. The legislation also directs the supervising physician to outline the specific parameters for review in the application required by KRS 311.854. In the coming weeks, the Board will be working on implementing the changes authorized by the statute.

These changes approved by the Kentucky General Assembly and signed by Governor Bevin will go into effect on July 15, 2016. If you would like to review the actual legislation, please visit www.lrc.ky.gov and click on the link entitled "2016 Regular Session Legislative Record."

Reminder on Requirement to Report Board Actions and Criminal Actions Within 10 Days

The Board would also like to offer a quick reminder to its licensees that according to 201 KAR 9:081, every person licensed to practice medicine or osteopathy within the Commonwealth of Kentucky shall report to the Board any criminal conviction or plea of guilt, nolo contendere, or Alford plea to any criminal charges, regardless of adjudication, within ten (10) days of the entry of judgment of conviction or the entry of the plea, entered into in any state. As part of this reporting, the licensee shall provide a copy of the judgment of conviction or plea documents. In addition, the regulation requires that every person licensed to practice medicine or osteopathy within the Commonwealth of Kentucky shall report to the Board within ten (10) days of receipt, notice of any disciplinary action taken or sanction imposed upon the person's license in any state, including surrendering a license or placing a license into inactive or retired status to resolve a pending licensing investigation. As part of this reporting requirement, the licensee shall provide a copy of the order issued by or entered into with the other licensing board.

Please note that failure to report a criminal conviction or plea, or action taken by another licensing board, as required of an applicant by paragraphs (a) through (c) of this subsection, shall constitute a violation of KRS 311.595(9) and (12). A copy of 201 KAR 9:081 can be reviewed at the Board's website.

Why Do Patients File Grievances with the Board?

Have you ever wondered what drives a patient to file a grievance with the Board? Board members often get this question from their colleagues and as you can imagine, the reasons vary from case to case, but they often contain a common theme of poor communication between the patient and the physician.

Patients often complain when their physician seems to spend too little time listening to them or examining them, or seems to jump to a decision about their condition(s) without fully considering what the patient has to say, or when one treating physician fails to communicate with another treating physician. Patients also file grievances due to the fact that a physician's office staff is impolite, cancelled appointments with a short notice or on repeated occasions, and when they cannot obtain their medical records in a timely manner. Another common patient complaint involves untimely completion of death certificates, which can cause undue hardship on a grieving family.

The Board understands the world of medicine is extremely fast-paced and increasingly pressured by deadlines, insurance regulations, paperwork, etc. That being said, it is important to note that having a grievance filed against you can also be a disconcerting, inconvenient, and time consuming event. The good news is the Board has found these situations can often times be avoided by stressing the importance of communication between you, your office staff, and the patient.

Faculty/Training License Renewal

The link to renew a Faculty (FL), Residency (R) or Institutional Permit Training License (IP) in Kentucky is currently active. All physicians holding a Faculty or Training license must be renewed by June 30, 2016. The fee to renew this license is $65.00. Please visit our website for additional information.

2016 Annual Renewal of Physician Licenses

Annual renewal of physician licenses for the current year has just been completed. The Board is pleased to announce that 97% of physicians utilized the on-line renewal service this year. As of April 4, 2016, a total of 16,263 physicians have renewed their medical/osteopathic license. This reflects an increase of 637 over last year's total for the same period. Of the total, 10,296 physicians reported a practice address in Kentucky.

Medical Status	**In State**	**% of Total**	**Out of State**	**% of Total**
Private Practice	4,706	43.12%	1,723	32.21%
Hospital Based	2,895	26.53%	1,357	25.36%
Faculty	941	8.62%	224	4.19%
Resident or Fellow	316	2.90%	37	0.69%
Emergency Medicine	525	4.81%	230	4.30%
Public Health/Government	297	2.72%	135	2.52%
Administration	116	1.06%	138	2.58%
Occupational Medicine	66	0.60%	49	0.92%
Military	24	0.22%	47	0.88%
Research	15	0.14%	14	0.26%
Locum Tenens	130	1.19%	308	5.76%
Semi-Retired	160	1.47%	47	0.88%
Telemedicine	35	0.32%	809	15.12%
Retired	617	5.65%	169	3.16%
Other	70	0.64%	63	1.18%
Total:	**10,913**	**100.00%**	**5,350**	**100.00%**
Physicians' Sex				
Male Physicians	7,807	71.54%	4,054	75.78%
Female Physicians	3,106	28.46%	1,296	24.22%
Total:	**10,913**	**100.00%**	**5,350**	**100.00%**
Physicians' Degree				
Physicians with M.D.	10,198	93.45%	5,001	93.48%
Physicians with D.O.	715	6.55%	349	6.52%
Total:	**10,913**	**100.00%**	**5,350**	**100.00%**
Medical School Attended				
Kentucky	4,479	41.04%	663	12.39%
U.S.	4,081	37.40%	3,392	63.40%
International/Canada	2,353	21.56%	1,295	24.21%
Total:	**10,913**	**100.00%**	**5,350**	**100.00%**

Confronting A Crisis: An Open Letter To America's Physicians on the Opioid Epidemic

By Steven J. Stack, M.D., Kentucky Emergency physician and the 170th president of the American Medical Association

The medical profession must play a lead role in reversing the opioid epidemic that, far too often, has started from a prescription pad.

For the past 20 years, public policies - well-intended but now known to be flawed - compelled doctors to treat pain more aggressively for the comfort of our patients. But today's crisis plainly tells us we must be much more cautious with how we prescribe opioids.

At present, nearly 2 million Americans - people across the economic spectrum, in small towns and big cities - suffer from an opioid use disorder. As a result, tens of thousands of Americans are dying every year and more still will die because of a tragic resurgence in the use of heroin.

As a profession that places patient well-being as our highest priority, we must accept responsibility to re-examine prescribing practices. We must begin by preventing our patients from becoming addicted to opioids in the first place. We must work with federal and private health insurers to enable access to multi-disciplinary treatment programs for patients with pain and expand access for medication-assisted treatment for those with opioid use disorders. We must do these things with compassion and attention to the needs of our patients despite conflicting public policies that continue to assert unreasonable expectations for pain control.

As a practicing emergency physician and AMA President, I call on all physicians to take the following steps - immediately - to reverse the nation's opioid overdose and death epidemic:

- AVOID initiating opioids for new patients with chronic non-cancer pain unless the expected benefits are anticipated to outweigh the risks. Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred.

- LIMIT the amount of opioids prescribed for post-operative care and acutely-injured patients. Physicians should prescribe the lowest effective dose for the shortest possible duration for pain severe enough to require opioids, being careful not to prescribe merely for the possible convenience of prescriber or patient. Physician professional judgment and discretion is important in this determination.

- REGISTER for and USE your state Prescription Drug Monitoring Program (PDMP) to assist in the care of patients when considering the use of any controlled substances.

- REDUCE stigma to enable effective and compassionate care.

- WORK compassionately to reduce opioid exposure in patients who are already on chronic opioid therapy when risks exceed benefits.

- IDENTIFY and ASSIST patients with opioid use disorder in obtaining evidence-based treatment.

- CO-PRESCRIBE naloxone to patients who are at risk for overdose.

As physicians, we are on the front lines of an opioid epidemic that is crippling communities across the country. We must accept and embrace our professional responsibility to treat our patients' pain without worsening the current crisis. These are actions we must take as physicians individually and collectively to do our part to end this epidemic.

TOGETHER WE CAN MAKE A DIFFERENCE

NOTE: The Kentucky Board of Medical Licensure is pleased to reprint this article and would like to thank Dr. Stack, who is a Kentucky licensed physician, for his dedication and work on this issue. As always, the Board encourages all of its licensees to review its regulation on the Professional Standards for Prescribing and Dispensing Controlled Substances, 201 KAR 9:260, which can be found at the Board's website, www.kbml.ky.gov.

Kentucky Board of Medical Licensure
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Change of Address Notice

Please Note: The information that you provide on this Change of Address Notice will be used to update your profile on the Board's web site at www.kbml.ky.gov.

You may also change your address online http://kbml.ky.gov/address/Pages/default.aspx

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